

TechCare**Seizure Chronic Care Appointment**

7/9/2003

Name **HAMPTON,RANDELL**DOC # **226420**Birth Date **10/15/1983**Appointment Date **7/9/2003****Subjective Data**

Frequency Of Seizures	~2WKS AGO
Aura (Describe)	DIZZY/WEAK
Body Movements	JERK
L.O.C.	YES
Incontinence	NO
Post Ictal	~20-30MIN
Interview Witness:	
Staggering Or Dizziness	NO

Nursing Exam

Pulse	84
Blood Pressure	112/80
Temperature	97.8
Gait	STEADY
Nystagmus	NO
Alertness	AO*3

Lab Test Results

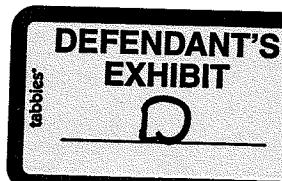
E.E.G.	N/ORDERED
C.T.	N/ORDERED
Drug Level (Specify)	DIL

Medications

Medication Compliance	COMP
Date Medication Ordered	YES
Education & Counseling	YES

Doctor Exam

Nystagmus	PERMD
Gait	<i>DR</i>
Focal Neuro Deficit	<i>?</i>



Neurology / Seizure Chronic Care Clinic

NAME	Hampton Randolph	AIS	INST	DOB	AGE	R/S	YEAR
		226420	Dipos	10-15-83		8/1m	2003
DATE	1-9-03						
PROBABLE DISORDER CAUSING SEIZURE	1995 Head Trauma						
DATE FIRST DIAGNOSED							
? ALCOHOL OR DRUG RELATED	1-9-03 4/6/03						

SUBJECTIVE DATA: Q 3 MONTH

1. Frequency of seizures	1-2 per month	wt/wk ago	
2. Aura (describe)	feel funny	dizzy/weird	
3. Body movements	all rt	l/s	
4. L.O.C.	yes	no	
5. Incontinence	yes	no	
6. Post ictal	sluggish	20-30min	
7. Interview witness: staggering or dizziness	x	no	

NURSING EXAM: Q 3 MONTH

1. BP	120/80	120/74	
2. Pulse	100	78	
3. Temperature	97.5	98.2	
4. Gait	steady	steady	
5. Nystagmus	+	none	
6. Alertness	as o	AOK	

LAB TEST RESULTS (as ordered)

1. E.E.G.		Ordered	
2. C.T.		Ordered	
3. Drug level (specify)	ordered	OIL.	

MEDICATIONS

Tegretol 300 01D			
Phenobar 60 01D		1mp	
Medication compliance	K/P	yes	
Date medication ordered	1-9-03	1-9	
Education and counseling		yes	

DOCTOR EXAM Q 6 MONTHS

Date	1-9-03	
1. Nystagmus	o	
2. Gait	steady	
3. Focal neuro deficit	x	

(cont)



DEPARTMENT OF CORRECTIONS

NURSE'S
CHRONIC CARE CLINIC
SEIZURES

DATE	TIME	SEIZURES	DATE ORDERED	TIME ORDERED	
3-4-04	1155	S: 30 DAY CHRONIC CARE CLINIC			ALLERGIES <i>NKA</i>
		O: VS: T-98 P-92 R-16			
		WT-155 BP-101/78			
		AGE OF ONSET: 9/4/01 1995			P: LABS LEVELS NEEDED:
		POSSIBLE ETIOLOGY	3/4/04		<i>CBC</i> <i>Phenobarbital level</i>
		HEAD TRAUMA	<input checked="" type="radio"/> Y <input type="radio"/> N		<i>Tegretal level</i>
		DRUG RELATED	<input checked="" type="radio"/> Y <input type="radio"/> N		
		TYPE OF SEIZURES: <i>Possible Jacksonian</i>			ORDERS:
		FREQUENCY OF SEIZURES: <i>Varied</i>			
REVIEW OF DIAGNOSTIC STUDIES					
		Children Hosp. B'ham	<input checked="" type="radio"/> Y <input type="radio"/> N		
		CT SCAN	<input checked="" type="radio"/> Y <input type="radio"/> N		
		MRI	<input checked="" type="radio"/> Y <input type="radio"/> N		
		EEG	<input checked="" type="radio"/> Y <input type="radio"/> N		MEDICATION:
		PERScription COMPLIANCE	<input checked="" type="radio"/> Y <input type="radio"/> N		<i>Phenobarbital</i>
		ANTICONVULSANT DRUG LEVELS ORDERED	<input checked="" type="radio"/> Y <input type="radio"/> N		<i>60mg t Bid</i>
		DATE: 3-4-04			<i>Tegretal 400mg</i>
		WITH IN THERAPUTIC RANGE	<input checked="" type="radio"/> Y <input type="radio"/> N		<i>Bid.</i>
HAS PATIENT BEEN IN THE INFIRMARY/HOSPITAL					
					F/U CCC WITH IN 30 DAYS BY THE NURSE
		SINCE LAST CCC	<input checked="" type="radio"/> Y <input type="radio"/> N		F/U CCC WITH IN 90 DAYS BY THE DOCTOR
		<i>Discipline</i>	<input checked="" type="radio"/> Y <input type="radio"/> N		
		EDUCATION DONE	<input checked="" type="radio"/> Y <input type="radio"/> N		
		A: SEIZURE ACTIVITY:			SIGNATURE <i>MLC/Christie</i>
		CONTROLLED/UNCONTROLLED			

INMATE NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	AGE	RACE/SEX	ID#
<i>Hampton, Randal</i>	<i>10/5/83</i>	<i>20</i>	<i>BM</i>	<i>226420</i>



DEPARTMENT OF CORRECTIONS

PHYSICIAN'S
CHRONIC CARE CLINIC
SEIZURES

DATE	TIME	SEIZURES	DATE ORDERED	TIME ORDERED	
		S: 90 DAY CHRONIC CARE CLINIC			ALLERGIES: <i>NKA</i>
<i>3/8/04</i>		O: VS: <i>T 98.8 P 80 R 16</i>			
<i>ppwP</i>		Bp <i>120/80</i> Wt- <i>155</i>			
		REVIEW OF NURSES CCC RECORDS <i>(Y) N</i>			P: LABS REVIEWED: <i>1/8</i>
		NOTES: <i>Phen carbamal & Keur good</i>			CBC YEARLY
					DILANTIN LEVEL YEARLY
					TEGRETOL LEVEL EVERY YEAR
					UNLESS PROBLEMS
					ORDERS:
		NEUROLOGICAL EXAM:			<i>Hold for lab lereplante meds</i>
		EYE NYSTAGMUS <i>(Y) N</i>			
		REFLEXES: <i>+ve</i>			
		ATAXIA <i>(Y) N</i>			
		PUPIL SIZE NORM <i>(Y) N</i>			
		ANY ADDED INFORMATION <i>(Y) N</i>			MEDICATION:
		NOTES:			<i>Phenobarital 60mg i Bid Tegretol 20mg Tab Tablets BID</i>
		GENERAL EXAM:			
		<i>new spk dysr lupid rhod extre ness non focal</i>			F/U CCC WITH IN 30 DAYS BY THE NURSE/DOCTOR
		A: SEIZURE ACTIVITY:			<i>J. Long 3/8/04</i>
		CONTROLLED / UNCONTROLLED <i>(oval)</i>			

INMATE NAME (LAST, FIRST, MIDDLE) <i>Hampton, Randal</i>	DATE OF BIRTH <i>10-15-83</i>	AGE	RACE/SEX <i>Bm</i>	ID# <i>226426</i>
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DEPARTMENT OF CORRECTION
NURSE'S
SEIZURE CHRONIC CARE CLINIC

CHRONIC CARE CLINIC			
S: CHRONIC CARE CLINIC			ALLERGIES
DATE/TIME	On 1604		NKA
O: VS T97.0 P 72 R 20			
BP 120/70 WT 158.5			
Age of onset	10 years old		
Type of seizure			
Head Trauma	<input checked="" type="radio"/>	<input type="radio"/>	
Drug Related	<input type="radio"/>	<input checked="" type="radio"/>	
Frequency of seizure	Unsure		
Last seizure	3-4 months ago		
Description of last SZ activity:	Unsure		
Anticonvulsant drug levels drawn:	<input checked="" type="radio"/>	<input type="radio"/>	
Date:	7/104	<input checked="" type="radio"/>	<input type="radio"/>
Compliant with meds	<input checked="" type="radio"/>	<input type="radio"/>	P: LABS REVIEWED
KOP	<input checked="" type="radio"/>	<input type="radio"/>	
Bottom Bunk profile	<input checked="" type="radio"/>	<input type="radio"/>	
Recently admitted to hospital/infirmary:	<input type="radio"/>	<input checked="" type="radio"/>	Order Phenobarbs
Date			
			Tegetal
			Hepatic Profile
			CBC / BBP
			CURRENT MEDICATIONS:
Notes:	pt tried to hang self - on 0704.		
			Status: (circle) Improved, Unchanged, Worsened
			Level of Control: (circle) Good, Fair, Poor
			CCC WITH NURSE (circle) 1, 2, ③ Months
Education Done		<input type="radio"/>	CCC WITH MD (circle) 1, 2, 3, 4, 5, ⑥ Months
Topic:	BBP	<input type="radio"/>	
INMATE NAME	NUMBER	AGE	RACE/SEX
Hampton, Ronald	226420	20	Bm
SIGNATURE:			Pleas

Control: Good—No seizure activity since last visit
Fair—One seizure since last visit
Poor—More than one seizure since last visit

Status: Improved—The number of seizures has diminished
Unchanged—The frequency of seizures has remained the same
Worsened—The number of seizures has increased

DEPARTMENT OF CORRECTIONS

PHYSICIAN'S

SEIZURE CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC

ALLERGIES

DATE / TIME

O: VS

T

BP

07/04 100 pm
288 P 68 R 70
120/72 WT 155

NKA

REVIEW OF NURSES CCC RECORD

YES

NO

Neurological exam:

Nystagmus

Pupils

Reflexes

Description of last SZ activity:

Normal
none

P: LABS

face - down

07

Treatment Goals

Reduction of Seizure

ORDERS:

Notes: Seizure activity: Controlled Uncontrolled (circle one)

None

Compliance

MEDICATION:
Phenytoin
FosfostolSTATUS: (circle)
IMPROVED, UNCHANGED,
WORSENED.CONTROL LEVEL: (circle)
GOOD, FAIR, POORCCC WITH NURSE (circle)
1, 2, 3 MONTHS.CCC WITH MD (circle)
1, 2, 3, 4, 5, 6 MONTHS.EDUCATION DONE
TOPIC

INMATE NAME

NUMBER

AGE

RACE/SEX

SIGNATURE

Hampton, Randal

226420

20

Bm

John

Control: Good—No seizure activity since last visit
Fair—One seizure since last visit
Poor—More than one seizure since last visitStatus: Improved—The number of seizures has diminished
Unchanged—The frequency of seizures has remained the same
Worsened—The number of seizures has increased

DEPARTMENT OF CORRECTION.

NURSE'S

SEIZURE CHRONIC CARE CLINIC

Controls: Good—No seizure activity since last visit
Fair—One seizure since last visit
Poor—More than one seizure since last visit

Status: Improved—The number of seizures has diminished
Unchanged—The frequency of seizures has remained the same
Worsened—The number of seizures has increased

NURSE'S

SEIZURE CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC		ALLERGIES	
DATE/TIME O: VS T 98.7 P 76 R 20	1/6/05		NKA
BP 130/88 WT 68			
Age of onset 80 years			
Type of seizure Head Trauma Grand Mal			
Head Trauma Head Battered on Bruckwall	<input checked="" type="checkbox"/>	N	
Drug Related	<input checked="" type="checkbox"/>	N	
Frequency of seizure "a whole pack"			
Last seizure Description of last SZ activity: can't remember			
Anticonvulsant drug levels drawn:	<input checked="" type="checkbox"/>	N	
Date:	<input checked="" type="checkbox"/>	N	
Compliant with meds KOP	<input checked="" type="checkbox"/>	N	P: LABS REVIEWED
Bottom Bunk profile	<input checked="" type="checkbox"/>	N	
Recently admitted to hospital/infirmary:	<input checked="" type="checkbox"/>	N	
Date			
CURRENT MEDICATIONS:			
Notes: O: Assessed force seizures. Needs recent activity	phenobarb 60mg BID Depotol 100mg 3 tabs TID		
P: Assess as indicated			
E: Instructed on the importance of maintaining a bottom bunk profile	Status: (circle) Improved, Unchanged, Worsened		
	Level of Control: (circle) Good, Fair, Poor		
	CCC WITH NURSE (circle) 1, 2, (3) Months		
Education Done	CCC WITH MD (circle) 1, 2, (3), 4, 5, 6 Months		
Topic: "Safety"	<input checked="" type="checkbox"/>	N	
INMATE NAME: Hampton, Franklin	NUMBER: 226420	AGE: 21	RACE/SEX: BM
SIGNATURE: <i>adralay</i>			

Control: Good—No seizure activity since last visit
 Fair—One seizure since last visit
 Poor—More than one seizure since last visit

Status: Improved—The number of seizures has diminished
 Unchanged—The frequency of seizures has remained the same
 Worsened—The number of seizures has increased

DEPARTMENT OF CORRECTIONS

PHYSICIAN'S

SEIZURE CHRONIC CARE CLINIC

S: CHRONIC CARE CLINIC

ALLERGIES

DATE / TIME

2/18/05

O: VS T P R

BP 120/70 WT ..

REVIEW OF NURSES CCC RECORD

YES

NO

Neurological exam:

norm

Pupils

Reflexes

OK

Description of last SZ activity:

tonic clonic

P: LABS

Treatment Goals

Prevention of Seizure

ORDERS:

Notes: Seizure activity: Controlled Uncontrolled (circle one)

Will continue on Phenytoin

MEDICATION:

Phenytoin

600 mg BD

Refill 3 weeks

STATUS: (circle)
IMPROVED, UNCHANGED,
WORSENED.CONTROL LEVEL: (circle)
GOOD, FAIR, POORCCC WITH NURSE (circle)
1, 2, 3 MONTHS.CCC WITH MD (circle)
1, 2, 3, 4, 5, 6 MONTHS.EDUCATION DONE
TOPIC

ON

Seizures

INMATE NAME

NUMBER

AGE

RACE/SEX

SIGNATURE:

Hector Jimenez 2264420 21

Dol 2/18/05

Control: Good—No seizure activity since last visit
Fair—One seizure since last visit
Poor—More than one seizure since last visitStatus: Improved—The number of seizures has diminished
Unchanged—The frequency of seizures has remained the same
Worsened—The number of seizures has increased



Nursing Evaluation Tool:

Seizure!

Postictal State

Facility: BBB

Patient Name: Jompson Pendoll

Last

Inmate Number: 226420First Date of Birth: 10 115 183
MM DD YYYY

MI

Date of Report: 11 120 2005
MM DD YYYYTime Seen: 830 AM / PM Circle One

Subjective: Chief Complaint(s): eliminate act in waiting area having S2 - on floor

Onset: 830 AM

History: (X) of med) = Tyrold + Phenobarb
(Continue on back if necessary)

Significant History: Epilepsy NO YES Diabetes NO YES Head trauma NO YES
 Cardiac NO YES Psychiatric NO YES Alcohol Abuse NO YES

Check Here if additional notes on back

Recent change or discontinuation of meds: NO YESLast documented seizure: None Unknown Known (how long ago?)**DO NOT ATTEMPT TO PHYSICALLY RESTRAIN.**

IF PATIENT IS ACTIVELY SEIZING PROVIDE SUPPORTIVE CARE **DO NOT ATTEMPT TO PHYSICALLY RESTRAIN.**

Objective: Vital Signs: T: 98 P: 87 RR: 20 B/P: 140 / 84 FSBG = 90

*Note: Do NOT attempt to obtain an oral or rectal temp on a postictal patient; defer until patient is stabilized.

Pulse Ox %: 98 % Room Air O2 LPM: _____ Blood Glucose: _____
 Skin: Warm Cool Dry Moist/clammy Skin Color: Normal Pallor Flushed Jaundice
 Neurologic: (AVPU) Awake Responds to Voice Responds to Pain Unresponsive
 (Check the appropriate highest response level) Postictal-Disoriented Agitated

Pupil: PERRL Pupils unequal/abnormal: _____

Pupils:

Right PERRL
 Constricted
 Dilated
 Unequal: _____

Left

Mouth: Tongue intact Tongue injury: _____

Incontinence: None Incontinent urine Incontinent feces

Incurred injuries: None apparent Yes B.I. inside of bottom (P)

Additional Findings
 Continue on back if necessary

Check Here if continued on back

*Repeat Exam 15-30 minutes post seizure (If initial evaluation began just after seizure activity ceased)
 Time: 845 AM / PM Circle One Vital Signs: T: 98 P: 80 RR: 20 B/P: 136 / 80

Pulse Ox %: 98 % Room Air O2 LPM: _____ Repeat Blood Glucose: 89 (As Indicated)
 Skin: Normal Pallor Flushed Cyanotic Warm Cool Dry Moist/clammy
 Neurologic: (AVPU) Awake Responds to Voice Responds to Pain Unresponsive
 Postictal-Disoriented Agitated

Assessment:

Check All That Apply:

- Call Placed To Physician
- Transport to Infirmary for observation.
- Call Placed to 911

Pupils:

Right PERRL
 Constricted
 Dilated
 Unequal: _____

Left

Plan:

Check All That Apply:

- Oxygen (2-4LPM per N/C)
- Treatment for hypoglycemia, if indicated
- Supportive care in quiet safe environment
- Other: (A) med pt missed @ the 0400 dose R/F pt "overslept" No one wake him up

(Describe)

x

Coldwell

Nurses Signature

Name: Holderfield

Printed

Physician's Chronic Care Clinic

Date: 5/2/05Time: 1120Facility: BCCP ⁷⁸³ ³²⁶⁴²⁰ ^{Hopkins} ^{Randa}Check all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TBOBJECTIVE: BP 120/66 HR 68 RR 20 Temp 98 Wt 165 Peak Flow 155

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ

Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds,

Cardiopulmonary, abdomen, extremities.; ID-all systems; PUL-HEENT,

Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

*PJ is taking his Szz med**will fly*
new druz

* **ASSESSMENT:** Circle the appropriate Degree of Control and Status for each clinic monitored during today's visit. Degree of Control: G=Good, F=Fair, P=Poor
 Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control						
I G F P	G F P	G F P	G F P	G F P	G F P	G F P
Status						
I S W	I S W	I S W	I S W	I S W	I S W	I S W

PLAN: *will continue Phen/Feosol*F/U: Routine 90 days: *✓*Other: *✓**DRG*
Physician: *DRG*

MI

Problem List updated: Yes *✓* No

(01/31/05)

1/21/05

PRISON HEALTH SERVICES

Nurse's Chronic Care Clinic

Date: 7/30/05 Time: 11:30 Facility: BCCFCheck all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TBVital Signs: BP 120/68 P 76 R 20 T 98.4SUBJECTIVE:For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: _____ Dates: _____
See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit: _____ Dates: _____

For seizure patients, list the # of witnessed seizures since the last CIC visits: (0) Dates: NAALLERGIES: NKA CURRENT DIET: RegMEDICATIONS: Diazepam; PhenobarbDESCRIBE MED AND DIET ADHERANCE: GoodDESCRIBE ANY MED SIDE EFFECTS: No side effects

VACCINES: Flu _____ Pneumovax _____ Hep A _____ Hep B _____

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month. _____

(*This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c _____ on _____; CD4 & HIV-RNA 1 on _____;
Peak Flow _____; LFTs _____ on _____; Serum Drug Levels _____ on _____; EKG _____; CXR _____;

Medications:

Phenobarb 60mg BiD
Diazepam 100mg 3 tabs TrID5/2/05 Carmazepine 7.0
Phenobarbital 20

Patient Educated on:

D. Assess for Seizures, No noted Seizure
Activity improved week.

Inmate Signature _____

Nurses Signature and Title Monica J. SpHampton, Randall
NAMEM
GENDERB
RACE226430
AIS
10/15/1983
DOB

Date: 1/30/05 Time: 1130 Facility: BCCF

Check all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TB

OBJECTIVE: BP 120/68 HR 76 RR 20 Temp 98²/25 Wt 162⁵ Peak Flow _____

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ

Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds,

Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT,

Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

nbs

astm

left AF

no new onset

P3 n/a

Coughed today

* ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control						
G F P	G F P	G F P	G F P	G F P	G F P	G F P
Status						
I S W	I S W	I S W	I S W	I S W	I S W	I S W

PLAN: will catch a cold & legs will be

probably feel sick

F/U: Routine 90 days: /

Other

DRM

ME

Problem List updated: Yes No

(01/31/05)

Physician

DRM

1/30/05

PRISON HEALTH SERV.

Name:

Inmate #:

DOB:

Race:

Gender:

Hampson, Randall
201420
10/15/83

Nurse's Chronic Care Clinic

Date: 10/12/05 Time: 1020 Facility: BCCFCheck all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TB SUBJECTIVE:For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: Dates:
See attached for monofilament check.For asthma patients, list the # of asthma attack visits since the last CIC visit: Dates:
For seizure patients, list the # of witnessed seizures since the last CIC visits: Dates:ALLERGIES: HaldolCURRENT DIET: BeefDESCRIBE MED AND DIET ADHERANCE: ComplaintDESCRIBE ANY MED SIDE EFFECTS: None notedVACCINES: Flu Pneumovax Hep A Hep B

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month.

(This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c on : CD4 & HIV-RNA on :Peak Flow : LFTs on ; Serum Drug Levels on ; EKG ; CXR :

MEDICATIONS:

Phenobarb 60mg BiD
Sepracol 100

Patient Educated on:

Obtained for CC Seizures. No Tard S/S
6/20 Seizure activity in past 3 months
E Instructed on safety Inmate Signature
Nurses Signature and Title Randall Hampson

(01/31/05)

Physician's Chronic Care Clin

Hampton, Randy
226420Date: 10/2/05 Time: 1020 Facility: BCCFCheck all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TBOBJECTIVE: BP 142/88 HR 72 RR 22 Temp 98 Wt 162 Peak Flow 100

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds.

Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT,

Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

No SinsDone w/taking medHis sugars do not fit into any known categoryASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control						
G F P	G F P	G F P	G F P	G F P	G F P	G F P
Status						
I S W	I S W	I S W	I S W	I S W	I S W	I S W

PLAN: Continue current care, Since his sugars are under control.

F/U: Routine 90 days: /

Other

Physician JMBProblem List updated: Yes No

(01/31/05)

Nurse's Chronic Care Clinic

Date: 12/10/05Time: 1500Facility: BELFCheck all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TBVital Signs: BP 140/74 P 77 R 20 T 97.6SUBJECTIVE:For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: Dates:

See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit: Dates:For seizure patients, list the # of witnessed seizures since the last CIC visits: O Dates:ALLERGIES: HaldolCURRENT DIET: BegMEDICATIONS: ListedDESCRIBE MED AND DIET ADHERANCE: CompliantDESCRIBE ANY MED SIDE EFFECTS: No eff reported

VACCINES: Flu _____ Pneumovax _____ Hep A _____ Hep B _____

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month. _____
(*This should equate to one inhaler per month.)Lab/Diagnostic test(s) w/ date(s): HbA1c _____ on _____; CD4 & HIV-RNA _____ / _____ on _____;
Peak Flow _____; LFTs _____ on _____; Serum Drug Levels _____ on _____; EKG _____; CXR _____

Medications:

Phenobarb 60 mg BiD
Zegretol 100 mg9/6/05 Zegretol 4.4phenobarbital 17

Patient Educated on:

Eaten & Instructed on Safety And Medication ComplianceInmate Signature Randy HamptonNurses Signature and Title Univ Nails PARandy HamptonNAME
GENDER

NAME

RACE

226420

AIS

10/15/83

DOB

PRISON HEALTH SERVICES

Physician's Chronic Care Clinic

Date: 12/10/05Time: 1500Facility: BCCFCheck all applicable CIC's being evaluated: Card/HTN DM GI ID PUL SZ TBSUBJECTIVE:

OBJECTIVE: BP 140/84 HR 77 RR 20 Temp 97.6 Wt 164 Peak Flow —

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ complications.

Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds,

Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT,

Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

*No new signs
done OK*

Disab 17

ASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
 Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control						
G F P	G F P	G F P	G F P	G F P	G F P	G F P
Status						
I S W	I S W	I S W	I S W	I S W	I S W	I S W

PLAN:

will center on cervical pla

F/U: Routine 90 days: _____ Other _____

Problem List Updated: Yes No *9/9 npror*
Physician/NP/PAHampton Kendall

NAME

M

GENDER

B

RACE

226420

AIS#

10/15/83

DOB

PRISON HEALTH SERVICES
Nurse's Chronic Care ClinicDate: 3/20/06 Time: 1100 Facility: BCCFCheck all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TBVital Signs: BP 130/74 P 24 R 18 T 98.6SUBJECTIVE:For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: Dates:
See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit: Dates:

For seizure patients, list the # of witnessed seizures since the last CIC visits: 0 Dates:ALLERGIES: HalalCURRENT DIET: RegMEDICATIONS: AspirinDESCRIBE MED AND DIET ADHERANCE: CompliantDESCRIBE ANY MED SIDE EFFECTS: None noted

VACCINES: Flu _____ Pneumovax _____ Hep A _____ Hep B _____

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month.

(This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c _____ on _____; CD4 & HIV-RNA 1 on _____;
Peak Flow _____; LFTs _____ on _____; Serum Drug Levels _____ on _____; EKG _____; CXR _____

Medications:

Phenobarb 600 mg BID12/13/06Zegretol 100 mg QDPhenobarb Level 17
Zegretol Level 6.1

Patient Educated on:

E Instructed on Continued Safety Measures
To Seizure activityInmate Signature Markell HamptonNurses Signature and Title M. N. HallHawthorne, Markell

NAME

GENDER MRACE B226420

AIS

10/15/83

DOB

(Revised 05/18/05)

Physician's Chronic Care Clinic

Date: 3/25/06 Time: 1100 Facility: BCCPCheck all applicable CIC's being evaluated: Card/HTN DM GI ID PUL SZ TBSUBJECTIVE:No coughOBJECTIVE: BP 130/74 HR 84 RR 18 Temp 98 Wt 165 Peak Flow _____

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ complications.

Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

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End DCvery hyperglycemicsignASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control						
G F P	G F P	G F P	G F P	G F P	G F P	G F P
Status						
I S W	I S W	I S W	I S W	I S W	I S W	I S

PLAN: will continue on the PhenylcarbF/U: Routine 90 days: Other _____Problem List Updated: Yes No 3/29/06

Physician/NP/PA

Hampton Randall
NAMEM
GENDERB
RACE226420
AIS#
10/15/83
DOB

Date: 6/8/06Time: 1130Facility: BCCFCheck all applicable CICs being evaluated: Card/HTN DM GI ID PUL SZ TBVital Signs: BP 130/68 P 74 R 20 T 98

SUBJECTIVE:

For diabetic patients, list the # of hypoglycemic reactions since the last CIC visit: _____ Dates: _____

See attached for monofilament check.

For asthma patients, list the # of asthma attack visits since the last CIC visit: _____ Dates: _____

For seizure patients, list the # of witnessed seizures since the last CIC visits: _____ Dates: _____

ALLERGIES: HaldolMEDICATIONS: ListedCURRENT DIET: RegDESCRIBE MED AND DIET ADHERANCE: CompliantDESCRIBE ANY MED SIDE EFFECTS: None noted

VACCINES: Flu _____ Pneumovax _____ Hep A _____ Hep B _____

For asthma pts, list the number of short-acting inhaler canisters refilled in the past month: _____

(This should equate to one inhaler per month.)

Lab/Diagnostic test(s) w/ date(s): HbA1c _____ on _____; CD4 & HIV-RNA _____ / on _____;
Peak Flow _____; LFTs _____ on _____; Serum Drug Levels _____ on _____; EKG _____; CXR _____

Medications:

Phenobarb 60mg BID
Zegretol 100mg qd

3/21/06Depretol 8Phenobarb 19

Patient Educated on:

E instructed the safety measures for
seizure activityInmate Signature Rosell Hampton 920420Nurses Signature and Title Nursual Jr.Hampton, Nindal
NAME226420

AIS

GENDER

B
RACE10/15/83
DOB

(Revised 05/18/05)

Physician's Chronic Care Clinic

Date: 6/8/06Time: 1130Facility: BaptCheck all applicable CIC's being evaluated: Card/HTN DM GI ID PUL SZ TBSUBJECTIVE:No Sx'sOBJECTIVE: BP 130/68HR 74 RR 20 Temp 98 Wt 170 Peak Flow _____

NOTE: PE findings for CIC patients should be disease specific and focused on prevention of end-organ complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds,

Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/F ratio; SZ-HEENT, neurological; GI-abdomen.

Done well
no new Sx'sASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's visit. Degree of Control: G=Good, F=Fair, P=Poor

Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHE
Degree of Control	Degree of					
G F P	G F P	G F P	G F P	G F P	G F P	G F
Status	Status	Status	Status	Status	Status	Status
I S W	I S W	I S W	I S W	I S W	I S W	I S

PLAN:Cath. Thru on / herselfFU: Routine 90 days: Other

Problem List Updated: Yes

John Olsch
Physician/NP/PAHampton
NAMERandall226420M
GENDERB
RACE

AIS#

10/15/83
DOB